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APPLICANTS

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\*\*\* CONTINUING DATA \*\*\*\*\*  
 This appln claims benefit of 60/251,253 12/04/2000

\*\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 12/28/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>[Signature]</i> 3/15/05 Examiner's Signature Initials	STATE OR COUNTRY CA	SHEETS DRAWING 7	TOTAL CLAIMS 32	INDEPENDENT CLAIMS 3
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TITLE  
 System and method for managing application integration utilizing a network device

<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing )
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<b>FILING FEE</b>  <b>RECEIVED</b> 543	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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